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LETTER TO THE EDITOR

Hepatitis during antituberculosis treatment

Dear Editor,

We read with great interest the article by Sun et al.¹ They prospectively investigated 261 adult patients who underwent antituberculosis treatment with different co-morbidities. By using multivariate analysis, the authors identified that abnormal baseline liver function tests and liver cirrhosis were independent factors associated with development of hepatitis. Because of the inclusion criteria adopted, the patient characteristics in this study mimicked real-world practice and hence their findings provide novel information to the practicing physician. However, some issues are worthy of further discussion.

First, the definition of liver cirrhosis was not clearly described. It is generally believed that ultrasound findings are operator dependent and it may not be accurate to define "liver cirrhosis".² In contrast, liver biopsy is more accurate for defining liver cirrhosis and to assess its severity.³ Therefore discrepancies might exist between these two diagnostic modalities and the authors should clarify these issues to improve the precise interpretation of clinical results.

Second, the American Thoracic Society suggests a routine screening for viral hepatitis in endemic areas as pretreatment evaluation for tuberculosis patients.⁴ Previous studies also indicated that chronic hepatitis B may serve as a risk factor for more frequent and severe hepatitis during antituberculosis treatment.⁵ However, the viral hepatitis status in this study was mainly obtained by history taking rather than by blood sampling. The authors should discuss this limitation.

Third, a recent study showed that the initial viral load of hepatitis B virus (HBV) or hepatitis C virus (HCV) may influence the incidence of either drug-induced or virus-induced hepatitis during antituberculosis treatment.⁶ If the authors could stratify HBV or HCV patients according to viral load, the results would be more informative. In addition, identifying HBV patients who are at risk of virus-induced hepatitis and prescribe pre-emptive use of an antiviral agent may prevent this episode and even subsequent hepatic failure.

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